

Attachment A

DIVERSITY ATTESTATION

This form must be signed and notarized for each participant for whom status as a minority is relied upon in the Applicant's Diversity Plan.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR DISQUALIFICATION OF AN APPLICATION OR A PRE-APPROVAL AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER APPLICABLE FEDERAL AND STATE LAW.

State of _____, County of _____

I am an individual who intends to become (circle one): Owner/Investor/Employee/Contractor in this Applicant's processor's business if the Applicant is awarded a medical cannabis processor's license. If a prospective employee or contractor, I certify that I do not intend to become an employee or a contractor in the medical cannabis processor business of any other medical cannabis processor Applicant involved in this Application process.

I, the Attestor named below, hereby certify that I am (check all that apply):

- African American
- American Indian/Native American
- Asian
- Hispanic
- Female
- Other (specify)_____

Signature of Attestor

Printed Name of Attestor

Title or Profession of Attestor

Contact Information of the Attestor (Address, email, and phone number)

NOTARY

I hereby certify that on this _____ day of _____, 20____, before me, the subscriber, a Notary Public of the State of _____, in and for the County of _____, personally appeared _____ (*name of person(s) who make acknowledgement*) and made this affirmation in due form of law that the matters and facts set forth in the _____ (*document to which the person(s) is or are swearing*) are true.

As witness, my hand and notarial seal.

Notary Seal

Signature of Notary Public

Name of Notary Public

My Commission Expires: _____